

Application No. *Office use only*

01. Company Name and Address

02. Contact Details

03. Reason to Enter the Port (Specify correctly)

04. Category (tick (✓) your category)

Wharf Clerk & Clearing Agent	<input type="checkbox"/>	Visitor	<input type="checkbox"/>
Shipping Agent	<input type="checkbox"/>	Supply Distribution to Port facilities	<input type="checkbox"/>
Ship Chandler	<input type="checkbox"/>	Business Entities within the Port	<input type="checkbox"/>
Ship Repair Company	<input type="checkbox"/>	Government Officer	<input type="checkbox"/>
Marine Surveyor	<input type="checkbox"/>	Outsourced Company Staff	<input type="checkbox"/>
Foreigner-Visit	<input type="checkbox"/>	Media Personnel	<input type="checkbox"/>
Foreigner-Work	<input type="checkbox"/>	Tenant at HMC	<input type="checkbox"/>
Contractor/Labourer	<input type="checkbox"/>	Other	<input type="checkbox"/>

05. Type of Pass (tick (✓) please)

Daily/Weekly	<input type="checkbox"/>	New	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Annual (to be applied separately)	<input type="checkbox"/>		<input type="checkbox"/>

06. Nature of Pass (tick (✓) please)

Onboard       Afloat       Ashore

07. Current Year HIP License's Field and Number  
(As Applicable)

**08. Please Submit Personnel and Vehicle Details as per the Attached Format.**

09. Applicant's Signature & Rubber Stamp .....

10. Date

**Note: Applicant or Declarant do hereby abide to indemnify Hambantota International Port (HIP) for any consequences, losses or damages arising out of producing false information and/or forge evidence herein and further, Applicant or Declarant will be liable for such consequences, losses, damages and/or expenditures pertaining to Covid 19 related concerns emerge due to such false information and/or forge evidence**

**Instructions for Applicant's**

- Application form should be filled in English block letters.
- Purpose of using the port needs to be clearly indicated
- NIC/PP number should be clearly indicated.
- Pass required period should be clearly indicated
- Separate applications should be forwarded for a varying reasons.
- Company address; should be the registered address.
- All particulars of the application form should be filled without leaving blanks, if not applicable such fields should be filled as 'N/A'.

- Annual passes to be applied separately.
- When applying for port entry pass renewal, the previous pass issue date needs to be indicated correctly, otherwise application may be rejected.
- Applicant's signature and rubber stamp is mandatory in the application (recommend to scan and submit the duly filled application).
- Pass officer will not be responsible for any wrong information furnished by the applicant.
- For any clarification/inquiry, pass office can be contacted.
- Application shall accompany 'pass request letter' and 'compulsory documents'.
- 'Pass request letter format' and 'list of compulsory documents' and other necessities defined as per the category of port user is available at <http://www.hipg.lk/our-services/security>.
- Any loss of port entry pass should be immediately notified to HIPS; a police entry made and certified copy of the police entry forwarded to HIPS.
- Pass request application and other documents should be submitted to pass office well in advance (minimum of three days prior).
- Payments shall be made to following Bank account:
  - Name of account holder: Hambantota International Port Services Company (Pvt) Ltd
  - People's bank account no: 007-2-001-5-0022452
  - Branch: Hambantota
  - Bank code: 7135

**For Office Use Only**

<b>Zones</b>	<b>Gates</b>	<b>Onboard</b>	<b>Afloat</b>	<b>Ashore</b>	<b>On Payment</b>	<b>Free Pass</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>
<b>All Required Documents Attached</b>		<input style="width: 50px; height: 20px;" type="checkbox"/>				
<b>Application Checked/Recommended by</b>		<input style="width: 100%; height: 25px;" type="text"/>				

**Approved/Not Approved**

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Head of Security

**Personal Details Format**

Name with Initials	NIC or PP No.	Designation	Police Report Date or Visa Exp. Date (As Applicable)	GS Report & Safety Induction Yes/No (As Applicable)	Previous Permit Issue Date (Compulsory for renewal)	Permission required for (Gate/Zones) & permit required period (2 <sup>nd</sup> Line)	
01							
02							From: To:
03							From: To:
04							From: To:
05							From: To:
06							From: To:
07							From: To:
08							From: To:
09							From: To:
10							From: To:

**Vehicle Details Format**

Vehicle No.	Vehicle Owner (as Per the Rev. License)	Revenue License Number & Expiry Date	Insurance Number & Expiry Date	Diver Details Name & NIC	Previous Permit Issue Date (Compulsory for Renewal)	Permission required for (Gates/Zones) & permit required period (2 <sup>nd</sup> Line)
01						
						From: To:
02						
						From: To:
03						
						From: To:
04						
						From: To:
05						
						From: To:
06						
						From: To:
07						
						From: To:
08						
						From: To:
09						
						From: To:
10						
						From: To: